

CLINICAL LABORATORY SCIENCE PRACTITIONERS  
P O BOX 200513  
HELENA MT 59620-0513  
PH: (406) 841-2393 FAX (406) 841-2305

**CONTINUING EDUCATION**  
**AUDIT TRACKING FORM**  
FOR RENEWAL PERIOD 04/30/2003 TO 05/01/2004

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Continuing education courses must have been taken between 05/01/2002 - 04/30/2003 (a **maximum** of seven hours can be carried over from this time period) if using carry-over hours send proof of the 14 hours used for the previous year. All other hours must be taken between 05/01/2003 - 04/30/2004 (a **minimum** of seven hours must have been earned during this time period) 14 hours total are required.

*Education must be listed in chronological order with certificate(s) attached in the same order as listed:*

**Course Name:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

Copies may be made if more pages are needed